

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 204
Registered No. 37

1. PLACE OF BIRTH		County <u>Isela</u> State <u>Ariz.</u>	
District or Township <u>Isloke</u>		St. _____ Ward _____	
City <u>Isloke</u> No. _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Claude Lucky Bessant</u>			
3. Sex of Child <u>male</u>		4. Twin, triplet or other _____	
To be answered ONLY in event of plural births.		5. No., in order of birth _____	
6. Legitimate? <u>Yes</u>		7. Date of birth <u>Feb. 24, 1930</u>	
Month _____ Day _____ Year _____			
8. FATHER		14. MOTHER	
Full name <u>Claude Lucky Bessant</u>		Full maiden name <u>Edith Mary Henriksen</u>	
9. Residence (Usual place of abode) <u>Isloke Ariz.</u>		15. Residence (Usual place of abode) <u>Isloke Ariz.</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Ada, Okla.</u>		18. Birthplace (city or place) <u>Biltedge, Mont.</u>	
(State or country)		(State or country)	
13. Occupation <u>Electrician</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>1</u>	
		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:51 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
(Physician or midwife).

Given name added from a supplemental report _____ Address Isloke, Arizona

Filed 3/6 1930 H. E. Delightman Registrar

Registrar

323-224-685